

**DIVISION OF LICENSING PROGRAMS
VIRGINIA DEPARTMENT OF SOCIAL SERVICES**

RENEWAL APPLICATION FOR A STATE LICENSE TO OPERATE AN ASSISTED LIVING FACILITY

This application shall be signed by the individual responsible for the operation of the assisted living facility (ALF) or, if the facility is to be operated by a board, by an officer of the board, preferably the chairman. The completed application shall be filed prior to the expiration of the current license and, to assure timely processing, should be filed at least 60 days before the current license expires. Answer each question on the application, i.e., do not refer to previous applications on this form.

Application is hereby made for a license to operate an assisted living facility pursuant to Chapters 17 and 18, Title 63.2 of the Code of Virginia.

Name of Assisted Living Facility: _____ Telephone Number: _____

Facility Location: _____
Street or Route Number City State Zip Code

Mailing Address: _____
Street, Route or Box Number City State Zip Code

Tax ID Number: _____ Email Address: _____

In making this application, I state that:

1. I am in receipt of and have read a copy of the licensing statutes and the standards applicable to assisted living facilities.
2. I certify that it is my intent to comply with the aforementioned standards and statutes and to remain in compliance with them if I am so licensed.
3. I grant permission to the Department of Social Services and its authorized agents to make all necessary investigation of the circumstances surrounding this application and any statement made herein, including financial status, inspection of the facility, review of records, and interviews of my agents, employees, and any adult or other person within my custody or control. I understand that, following licensure, authorized agents of the Department will make announced and unannounced visits to the facility to determine its compliance with standards and to investigate any complaints received.
4. I understand that I will be required to supply reports from the local health department and appropriate fire prevention officials.
5. I understand that an application for a license is subject to either issuance or denial of a license. In the event of denial, it is understood that I have appeal rights that are explained in *General Procedures and Information for Licensure*.
6. I am aware that it is a misdemeanor for any person to interfere with an authorized agent of the Commissioner in the discharge of his duties, make false or untrue reports with respect to the operation of the facility, engage in the operation of an assisted living facility without first obtaining a license, or serve more persons than the maximum stipulated on the license.
7. To the best of my knowledge and belief, all information given on this application to the Department of Social Services and its authorized agents is true and correct. I will supply true and correct information requested during all subsequent investigations.

Name of Applicant (Individual or Organization Applying for Licensure)

Date

By: _____
Signature

Applicant's Mailing Address if different from the ALF

Name (Please Print)

City, State, Zip Code

Title (Please Print)

Business Telephone

I. GENERAL INFORMATION

A. Name of individual, partnership, corporation, limited liability company, unincorporated association or public agency applying for the license: _____

B. Administration of the assisted living facility:

1. Name of the administrator: _____

2. Name of the designated assistant administrator, if any: _____

C. Number of persons now residing in the facility:

1. Residents: Male _____ Female _____ Total Residents _____

2. Family Members _____

3. Employees _____

4. Others (*specify roles*) _____

5. **TOTAL** _____

D. County or city in which facility is located: _____

II. LICENSURE AND PROGRAM INFORMATION

(Attach additional pages if more space is needed.)

A. Maximum number of residents license requested for: _____

B. Number of buildings license requested for: _____

C. Request for licensure level: (*check applicable level*)

_____ I request licensure for residential living care only.

_____ I request licensure for both residential living care and assisted living care.

D. Specify the current number of residents assessed for:

Residential living care _____

Assisted living care _____

NOTE: The number of residents in these two categories should add up to the facility's total current resident population.

E. Does the facility provide care for residents who:

are nonambulatory? Yes _____ No _____

have mental illness or mental retardation or who are substance abusers? Yes _____ No _____

have a history of aggressive behavior? Yes _____ No _____

need the use of restraints? Yes _____ No _____

have a serious cognitive impairment and cannot recognize danger or protect their own safety and welfare? Yes _____ No _____

receive intensive assisted living services reimbursed by DMAS? Yes _____ No _____

F. Describe the special needs of the residents, such as skilled nursing treatments, special diets, assistance with medication, rehabilitative services: _____

G. Have there been any changes in the purpose of the assisted living facility, the characteristics of the population served, the program, the services and activities provided, or the physical plant since the facility's last license was issued (i.e., during the current licensure period)?

Yes _____ No _____

If "yes," describe these changes: _____

H. Describe any changes planned for the future: _____

III. ADDITIONAL MATERIAL TO BE INCLUDED AS PART OF THE APPLICATION

A. The appropriate fee for application processing.

B. A statement or chart regarding sponsorship of the assisted living facility and organization of the management staff, with information showing who is responsible for policy, operation and management decisions.

C. A copy of any rules, requirements or policies of the assisted living facility that have changed since the facility's last license was issued.

Attached _____ Not Applicable _____

D. The names and addresses of the following persons as applicable: *(Specify the office or position held by each person. Place an asterisk before the names of any officers or agents who are new since the last application.)*

1. For a partnership, (1) the officers of the partnership, and (2) any agent empowered to act on behalf of the entity in matters relating to the assisted living facility
2. For a corporation, (1) the officers of the corporation, and (2) any agent empowered to act on behalf of the entity in matters relating to the assisted living facility.

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3. For a limited liability company, (1) the officers of the company, and (2) any agent empowered to act on behalf of the entity in matters relating to the assisted living facility.
 4. For an unincorporated association, (1) the officers of the association, and (2) any agent empowered to act on behalf of the entity in matters relating to the assisted living facility.
 5. For a public agency, (1) the person responsible for the overall operation of the agency, and (2) any agent empowered to act on behalf of the entity in matters relating to the assisted living facility.
- E. When not submitted with a previous application, a copy of the documents required for a background check of the applicant, or if the applicant is a partnership, corporation, limited liability company, unincorporated association or public agency, a copy of the documents required for a background check of its officers and agents. (In regard to officers and agents, see Part D above for a list of positions for which a background check is required.) A background check consists of a criminal history record check through the Central Criminal Records Exchange and a sworn statement or affirmation. Please retain the originals of these documents, which must be seen by the Commissioner's representative prior to issuance of a license.
- F. When not submitted with a previous application, reference letters from three people not related to the officer or agent of the applicant who can certify to his/her character and reputation (see Part D above for a list of positions for which references are required. Exception: For a public agency, no references are needed.) Prior to giving the reference letters to the applicant or any officer or agent, have the person making the reference place it into an envelope, seal it and sign across the seal. Please submit the unopened envelopes with the renewal application.